



Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219

[www.dmas.virginia.gov](http://www.dmas.virginia.gov)

# MEDICAID MEMO

**TO:** All Pharmacy Providers Participating in the Virginia  
Medical Assistance Programs

**FROM:** Patrick W. Finnerty, Director  
Department of Medical Assistance Services (DMAS)

**MEMO** Special  
**DATE** 9/8/2005

**SUBJECT:** Medicaid Disaster Relief for Victims of Hurricane Katrina

The purpose of this memorandum is to provide information regarding the provision of health care services to those citizens in the Hurricane Katrina devastated states of Alabama, Louisiana, and Mississippi.

Many beneficiaries are being evacuated to neighboring states. Beginning Thursday, September 8, 2005, Virginia's National Guard facility, Fort Pickett, near Blackstone will serve as an intake/recovery center and short-term shelter for 1,000 Hurricane Katrina evacuees at a time. In addition, evacuees are being identified throughout the Commonwealth.

Because of hurricane damage, information on current health status or even verification of the person's status as a Medicaid beneficiary may not be available. Therefore, the Virginia Department of Medical Assistance Services (DMAS) and the Department of Social Services (DSS) are establishing an emergency Medicaid, "E-Medicaid," program to assure that individuals are enrolled in an expeditious manner, receive treatment and services, and providers are reimbursed for their services.

## **BENEFICIARY ENROLLMENT**

DSS will be available at Fort Pickett and at local offices to enroll evacuees directly into E-Medicaid. The E-Medicaid program will waive all normal procedures used to determine Medicaid eligibility and enrollment will be completed for beneficiaries from the impacted areas. Once enrolled, the beneficiaries will receive medical benefits under the Medicaid fee-for-service program. Providers will be reimbursed based on the current Medicaid fee schedule rates and mechanisms.

Once enrolled, the beneficiary will receive a Temporary Medicaid Eligibility Certification Letter (attached), which provides the verification of eligibility along with an E-Medicaid Identification number. Providers may use the information available in this letter to bill DMAS for services

provided. Only the individuals listed on the form are eligible to receive services. Providers should only accept the original copy of the form, which is printed on state or local DSS original letterhead and signed by the DSS worker. Photocopies should not be accepted.

For those evacuees who present at pharmacies for prescriptions and have not yet been enrolled into E-Medicaid, we ask that you provide them with the attached application and immediately fax the form to the DMAS Central Processing Unit (CPU) at 804-698-5645 or 804-698-5654 for immediate enrollment. You may follow up with the CPU by calling toll free to 866-873-2647.

Please note that the CPU is available to answer questions regarding eligibility and cannot answer questions related to claims. Others identified, but not in need of immediate services, can be referred to the local DSS office for enrollment.

## **SERVICES**

Pharmacy providers must consider the following when providing services to these enrollees:

- E-Medicaid enrollees must have an assigned identification number that is entered in the Virginia Medicaid system;
- Pharmacy providers should honor only official enrollment letters on state or local DSS original letterhead as proof of coverage;
- E-Medicaid identification numbers can be verified through MediCall 1-800-884-9730 or 1-800-772-9996;
- E-Medicaid enrollees' pharmacy claims will NOT be subject to the preferred drug list (PDL) program, clinical edits, or other pharmacy prior authorization (PA) restrictions;
- Pharmacy claims should be submitted to Virginia Medicaid as usual through POS. E-Medicaid enrollees' pharmacy claims will be subject to the Mandatory Generic program; however, a provider may override this requirement by entering a Dispensed As Written (DAW) code describing the reason for the request as noted below:
  - DAW = 1 – Substitution not allowed by prescribing physician
  - DAW = 5 – Substitution allowed-brand drug dispensed as generic
  - DAW = 7 – Substitution not allowed-brand drug mandated by law
  - DAW = 8 – Substitution allowed-generic drug not available in marketplace;
- The Virginia Medicaid Program will pay for a maximum of a 34-day supply of medication per prescription per patient in accordance with the prescriber's orders and subject to Board of Pharmacy regulations. For prescription orders whose quantity exceeds a 34-day supply, refills may be dispensed in sufficient quantity to fulfill the prescription order within the limits of federal and state laws and regulations;

- Pharmacy providers are required to enter a valid prescriber ID number on all pharmacy claims. Based on this requirement, when the prescriber is licensed in a state other than Virginia and is not enrolled as a Virginia Medicaid provider, the pharmacist may use the number **009992227**. This represents an *Out-of-State Provider, Not Virginia Medicaid Enrolled*;
- Most prescription drugs are covered if the drug is rebateable and not a DESI drug;
- Medications used for Erectile Dysfunction (ED), the treatment of infertility, and for cosmetic purposes will NOT be covered for E- Medicaid enrollees;
- Over-the-counter (OTC) rebateable drugs will be covered for E-Medicaid enrollees with a written prescription;
- Pharmacy providers will continue to receive current Virginia Medicaid dispensing fees;
- E-Medicaid enrollees will NOT be subject to a co-payment;
- E-Medicaid enrollees' pharmacy claims will be reimbursed at the Virginia Medicaid rate of reimbursement; and
- Pharmacy claims will appear on the Medicaid Remittance Advice and noted with an Explanation of Benefit indicating E-Medicaid enrollee.

Updated information about the Commonwealth's emergency relief activities, including Frequently Asked Questions, Beneficiary Enrollment Form, can be found can be found at [www.dmas.virginia.gov](http://www.dmas.virginia.gov).

### **ELIGIBILITY AND CLAIMS STATUS INFORMATION**

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

### **"HELPLINE"**

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

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Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

**THANK YOU**

On behalf of Governor Mark R. Warner, Secretary of Health and Human Resources, Jane H. Woods, and myself, we appreciate your support of this program and the emergency relief efforts.

Attached Number of Pages: (4)

**Commonwealth of Virginia  
Emergency Medical Assistance Application (E-Medicaid)**

<b>For Official Use Only</b>	
DATE RECEIVED _____	
FIPS _____	AID CATEGORY <u>919</u>

**List the names of the persons in your family applying for Emergency Medical Assistance**

Name	Date of Birth	Social Security Number (If Known)	Race	Sex	Have Medicaid/SCHIP in Previous State
1.					<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, State _____
2.					<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, State _____
3.					<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, State _____
4.					<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, State _____
5.					<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, State _____

**Current Address in Virginia:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** VA **Zip Code:** \_\_\_\_\_

**Address prior to Hurricane Katrina:** \_\_\_\_\_

**City/County/Parish:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

I declare that the above named persons were displaced by Hurricane Katrina and are applying for Emergency Medical Assistance in Virginia. By signing my name below, I certify that all information I have given on this application is true and correct to the best of my knowledge and belief. I understand that anyone who gives false information or receives benefits for which he is not eligible, can be prosecuted for perjury, larceny and/or fraud.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Instructions for Completion of E-Medicaid Application**

This form is to enable persons from Alabama, Louisiana and Mississippi who are in Virginia as a result of being displaced by Hurricane Katrina to apply for medical assistance. This form collects the only information needed to enroll individuals in E-Medicaid. There are no income or resource requirements for this program and no verification is required.

**Step 1.** Complete E-Medicaid application. Completed forms may be submitted to an authorized out station site or a local department of social services. The information on your application will be used to enroll you in the E-Medicaid program.

**Step 2.** Once enrolled in E-Medicaid, you will be given an E-Medicaid Eligibility Certification form that contains the E-Medicaid Identification Numbers. This form allows you to access needed medical services and must be shown when you receive a medical service. Only the individuals listed on this form are authorized to receive services through the E-Medicaid program. The certification form must not be shared or photocopied.

If the certification form is lost, please contact the local department of social services to request a replacement.

**To ensure continued access to medical care, please report all changes of address to the local department of social services in the area where you live.**

## ***E-Medicaid Certification***

### **Use of Form**

To be used only for E-Medicaid enrollments. Department of Social Services Eligibility Workers must print the form on either their local agency letterhead or State Department of Social Services letterhead and have a sufficient supply on hand to certify newly eligible recipients. The form is for individuals who must have immediate certification of their eligibility for Medicaid in order to access services that otherwise may not be available, such as transportation or pharmacy services. Providers should not accept photocopies of this form.

### **Local DSS Actions**

Upon determining that an enrollee is eligible for E-Medicaid and the enrollee needs the form in order to access medical care, the eligibility worker prepares and signs the form. Typed signatures are not acceptable. The Supervisor or other designated authority co-signs. The original form is given to the E-Medicaid enrollee. Two copies are made.

**One copy is maintained at DSS, second copy is faxed to (804) 225-4393 as a control copy.**

### **E-Medicaid Enrollee Action**

Enrollee presents the form to the pharmacy, transportation provider or other Medicaid provider for confirmation of eligibility.

# SAMPLE

## Notice of Eligibility for E-Medicaid

DATE ISSUED \_\_\_\_\_

To whom it may concern:

This letter is to confirm that the following individual(s) have been found eligible for services under the E-Medicaid program.

NAME

E-MEDICAID ID #

SSN

_____
_____
_____
_____

This certification is good for up to six months from date of issuance. Please delay your billing to the Department of Medical Assistance Services until you can confirm that this ID number is active in the Medicaid Management Information System by contacting Medi-Call at 1-800-884-9730, or 1-800-772-9996.

Eligibility established by:

\_\_\_\_\_

Local Department of Social Services

Worker Name

\_\_\_\_\_

Telephone Number

Confirmed by \_\_\_\_\_

(Supervisor)

Local Department of Social Services: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

**Do not accept a photocopy of this certification as verification of eligibility.**